

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6136

94a  
Reg. Dist. No. 116

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 Years

Hospital, institution, or street address where death occurred:

6 William Street

How long in hospital or institution? - - - - -

## 3. (a) FULL NAME

Jessie Florence Giles Barnett

## 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Edward H. Barnett

6. (c) If alive, give age 49 years

7. Birth date of deceased (mo. day. yr.) July 12, 1903

8. AGE: Years Months Days It less than one day  
44 11 6 ..... hrs. ..... min.9. Birthplace Hillsboro, North Carolina  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Jess e A. Giles

13. Birthplace North Carolina

14. Maiden name Florence Cullen

15. Birthplace North Carolina

16. Informant Mrs. William R. Sowers

Address Cambridge, Maryland.

17. Burial Date thereof June 19, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park,

Location Cambridge, Md.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. June 17, 1948  
(Date rec'd by registrar) John M. Townsend  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 6 William Street

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from X X 19. to X X 19.

and that I last saw h. alive on X X 19.

Immediate cause of death

Disease of Coronary Arteries

DURATION

sudden death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

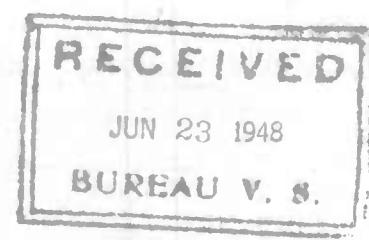
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Joe K. Shriver - D. M. D. or other

Address Cambridge, Md. Date signed June 17/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6137

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs., 4 mos., 9 days

Hospital, Institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 2 yrs., 4 mos., 9 days

## 3. (a) FULL NAME

Mary Florence Bienes

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female

white

single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

1869

8. AGE:

Years

Months

Days

If less than one day

79

?

?

hrs.

min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation housekeeper

11. Industry or business

12. Name Franklin Bienes

13. Birthplace Maryland

14. Maiden name Elisha Elliott

15. Birthplace Ireland

16. Informant Eastern Shore State Hospital R. cords  
Address Cambridge, Maryland17. Burial Date thereof 6-27-48  
(Burial, cremation, or removal, where?)

(month) (day) (year)

Cemetery or cemetery St. Mary's Cemetery

Location Perryville R. 71 D

18. Funeral director Lee A. Patterson &amp; Son

Address Perryville Md

19. 6-24- 1948  
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Perryville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 24

1948, at 9 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 15 1946, to June 24 1948.

and that I last saw her alive on June 24 1948.

Immediate cause of death

Cerebral Arteriosclerosis

DURATION

more than 2 yrs

Due to senility

Due to Chronic myocarditis &amp; myocardial degeneration

Other conditions Psychosis with cerebral arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Grace M. Branscombe, M.D. M.D. or other

Address Cambridge, Maryland Date signed 6/24/48



Evidence for addition of  
birth date and age shown

MARYLAND STATE DEPARTMENT OF HEALTH

on:

2411 N. Charles St., Baltimore

6138

File No. G 11 JUN 23 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Dorchester  
County Cambridge  
City or town. (If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? all 1 day  
Hospital, Institution, or street address where death occurred: Hospital Extended  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester  
City or town. (If outside city or town limits, write RURAL and give nearest town)  
Street No. High St Extended  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Madglen Ballou

7. Birth date of deceased (mo., day, yr.) Sept 12 1877 (approx.)

6. (c) If alive, give age 69 years

8. AGE: Years approx. 70 Months  Days  If less than one day

hrs.  min.

9. Birthplace Church Creek  
(Town, county, and state)

10. Usual occupation Labour

11. Industry or business none

12. Name don't know

13. Birthplace MD

14. Maiden name Emmery Henry

15. Birthplace MD

16. Informant Agnes Friend

Address Cambridge

17. Cambridge Date thereof June 19  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Walt Cemetery

Location Cambridge MD

18. Funeral director Lewis H. Bayne

Address Cambridge MD

19. 6-19-48 John MacLeod  
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948 at 11A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19. to X 19.

and that I last saw X alive on X 19.

Immediate cause of death

Paralysis —  
DURATION service  
stroke

Due to Cerebral Hemorrhage 4-5 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

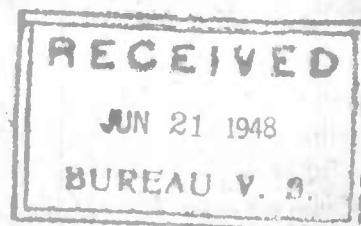
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. K. Shin, D. M. D. & S. P. M. M. D. or other

Address Cambridge MD Date signed June 1948

1827  
70  
(44)



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, but ~~do not~~ give exact age. It is especially important. Physicians: please write the causes of death clearly and legibly.

6139

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

908

## CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:  
County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 years 8 days  
Hospital, institution, or street address where death occurred:  
Cambridge-Maryland Hospital  
How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 26 Center St.  
(If rural, give LOCATION)

3. (a) FULL NAME  
Ernestine Chester

3. (b) Social Security Number

4. Sex fem.	5. Color or race col.	6. (a) Single, married, widowed, or divorced child, single
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6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) June 5, 1944

8. AGE: Years 4 Months 7 Days If less than one day hrs. min.

9. Birthplace Cambridge, Dorchester, Maryland  
(Town, county, and state)

10. Usual occupation.....

11. Industry or business

Herman Pinder

MOTHER FATHER 12. Name.....

13. Birthplace Maryland

14. Maiden name Edith Chester

15. Birthplace Dorchester Co. Maryland

16. Informant Edith Chester

Address 26 Center St. Cambridge

17. Buried Date thereof June 15-44  
(Burial, cremation, or removal. Which?)

Cemetery or crematory Cambridge

Location Cambridge P. T. D. recd

18. Funeral director Lewis A. Bergman

Address Cambridge 8th

19. June 15 1948  
(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1948, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1948, to June 12 1948, and that I last saw her alive on June 12 1948.

Immediate cause of death Congestive heart failure 10 days

Due to Pericarditis, strangles 10 days

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

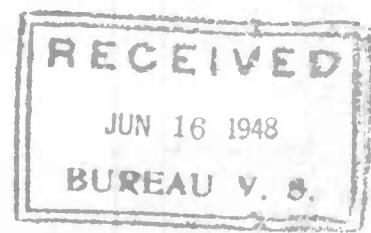
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... M. D. or other  
Address..... Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6140

## CERTIFICATE OF DEATH

116

Reg. Dist. No. ....

1. PLACE OF DEATH **Dorchester**  
 County.....  
 City or town **Lloyds, P. O. Cambridge, R.F.D.**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? **all of life**  
 Hospital, Institution, or street address where death occurred: **Castle Haven Road**  
 How long in hospital or institution? **X X**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County **Dorchester**  
 City or town **Lloyds - Cambridge, R.F.D.**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. **Castle Haven Road**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
**Medford William Cornish**

4. Sex <b>male</b>	5. Color or race <b>colored</b>	6.(a) Single, married, widowed, or divorced <b>single</b>
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6.(b) Name of husband or wife **X.**

7. Birth date of deceased (mo., day, yr.) **1913** mo and day not known years

8. AGE: Years **about 35** Months **xx** Days **xx** If less than one day hrs. min.

9. Birthplace **Dorchester County, Md.**  
 (Town, county, and state)

10. Usual occupation **Laborer**

11. Industry or business **Farm**

MOTHER FATHER  
 12. Name **Ernest Cornish**

13. Birthplace **Md.**

MOTHER FATHER  
 14. Maiden name **Mattie Wheatley**

15. Birthplace **Maryland**

16. Informant **Ernest Cornish**

Address **Lloyds - Cambridge, R.F.D.**

17. **Burial** Date thereof. **6-28-48**  
 (Burial, cremation, or removal. Which?)

Cemetery or crematory **Bethel**

Location **Lloyds, Md.**

18. Funeral director **Lewis C. Baumgardner**

Address **Cambridge, Md.**

19. **6-29-48** 19.....  
 (Date rec'd by registrar) **John D. Jr. M.D.**

Registrar

3. (b) Social Security Number  
**33-1234567**

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 26 1948** at **2-30 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **X X** to **X X**, 1948, and that I last saw him **X** alive on **X X**, 1948.

Immediate cause of death **Shock** **Haemorrhage**

Due to **Gunshot wound in** **Abdomen**

Due to **Other conditions**

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **homicide** Date of June 26, 1948

Where did injury occur? **Lloyds - Dor.** (City or town) **Md.** (County) **(State)**

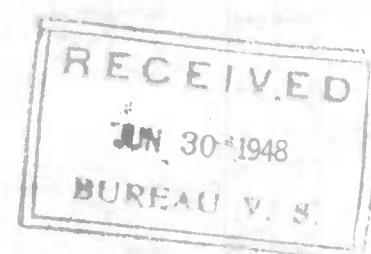
Injured at home, farm, industry, public place (where?) **at home**

Means of injury **Gunshot** Injured at work? **No**

23. SIGNATURE **John K. Shriver, D.P.M. Esq.**

M. D. or other

Address **Cambridge, Md.** Date signed **June 26, 1948**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, but correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6141

## CERTIFICATE OF DEATH

159

Reg. Dist. No. 116

1. PLACE OF DEATH:  
County Dorchester  
City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)  
15 minutes

How long in above place of death?

Hospital, Institution, or street address where death occurred:  
Cambridge-Maryland Hospital

How long in hospital or Institution?

15 minutes

3. (a) FULL NAME

Baby Davidson

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	premature infant

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

June 13, 1948

8. AGE: Years	Months	Days	If less than one day
			hrs. 15. min.

9. Birthplace Cambridge, Dorchester, Maryland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name	Mr. William Davidson
13. Birthplace	Dorchester Co. Maryland

14. Maiden name	Miss Isabelle Hughes
15. Birthplace	Dorchester Co., Maryland

16. Informant

Address

17. Burial  
(Burial, cremation, or removal. Which?)

Date thereof June 14, 1948  
(month) (day) (year)

Cemetery or crematory Brookview Cemetery

Location Brookville near Rhodesdale

18. Funeral director Mr. Harry Hughes

Address Vienna

19. 6-14 1948 John Macay Jr. M.D.  
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Vienna  
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH June 13 1948 at 5:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13, 1948, to June 13, 1948, and that I last saw her alive on June 13, 1948.

Immediate cause of death

Prematurity - 24 weeks pregnancy

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

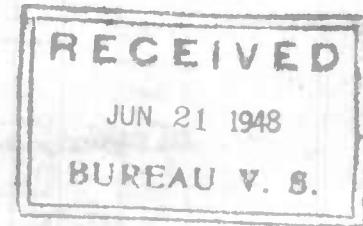
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. O. Macay Jr. M.D. M. D. or other

Address Cambridge, Maryland Date signed

SEARCHED  
INDEXED  
SERIALIZED  
FILED



Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH  
date of death shown on:

2411 N. Charles St., Baltimore

6142

FILM No. G 116 JUN 18 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. This certificate age is especially important.

1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

Crags, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Clara M. Fofowell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married

Hudson M. Fofowell

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age year

June 14 - 1920

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Madison  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Alvin Mills

13. Birthplace

Mar Co.

14. Maiden name

Susie Brauer

15. Birthplace

Mar Co.

16. Informant

Hudson M. Fofowell

Address

Crags, Md.

17. Burial

Date thereof

6-13-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Fofowell Family Cemetery

Location

Crags, Md.

18. Funeral director

Kenneth R. Thomas

Address

Cambridge, Md.

19. Date rec'd by registrar

June 13 - 1948

Date rec'd by registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 11, 1948, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1, 1948, to June 11, 1948,

and that I last saw her alive on June 11, 1948.

Immediate cause of death

Myocardial Failure

DURATION

5 Mo. ?

Due to Carcinoma of the uterus

Unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Lawrence Kagan

Lawrence Maryanov, M.D.

M.D. or other

Address 136 Race Street, Cambridge, Md. 6-11-48

Date signed

RECEIVED

JUN 16 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6143

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

93d

1. PLACE OF DEATH:  
County Dorchester  
City or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 6 Years  
Hospital, Institution, or street address where death occurred:  
RFD # 3  
How long in hospital or institution? - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Rural-Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. RFD # 3  
(If rural, give LOCATION)

3. (a) FULL NAME  
Augusta Grall

3. (b) Social Security Number - - -

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6. (b) Name of husband or wife August Grall  
6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) August 28, 1867

8. AGE: Years	Months	Days	If less than one day
80	9	10	hrs. min.

9. Birthplace Germany  
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name	Not Known
13. Birthplace	" "

14. Maiden name	Not Known
15. Birthplace	" "

16. Informant Mrs. W. R. Thomas  
Address Cambridge, Maryland

17. Burial Date thereof June 11, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Date reg'd by registrar June 11, 1948 John Mace M. D.  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1948, a.m. 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 22, 1947, to June 7, 1948

and that I last saw her alive on June 7, 1948

Immediate cause of death

myocarditis chronic

DURATION

Due to

Due to

Other condition

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

M. D. or other

Signed

Address

၁၁၁၃ နောက်  
၁၁၁၄ နောက်  
၁၁၁၅ နောက်

and as a budget. O. Winst. S.

二四八



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6144

## CERTIFICATE OF DEATH

Reg. Dist. No. 108

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Bessie Turpin Harkew.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

B. (b) Name of husband or wife

Raymond O. Harper

7. Birth date of deceased (month, day, yr.)

April 22 1882

B. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

MD

(Town, county, and state)

10. Usual occupation

House

work

11. Industry or business

House work

12. Name

Frances J. Turpin

13. Birthplace

MD

14. Maiden name

Frances J. Turpin

15. Birthplace

MD

16. Informant

Raymond O. Harper

Address

Burlock MD

17. Burial

Buried June 6 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Cremated

Location

Burlock

18. Funeral director

J. B. Hilling

Address

West New York

19. (Date rec'd by registrar)

Charlotte Hastings

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Maryland

County

Dover

City or town

Burlock

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 3

1948 at 7:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1948 to June 1948  
and that I last saw her alive on June 3, 1948

Immediate cause of death

Congestive Heart failure 6 mo.

Coronary occlusion 6 mo.

Due to General Arteriosclerosis 5 yrs +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

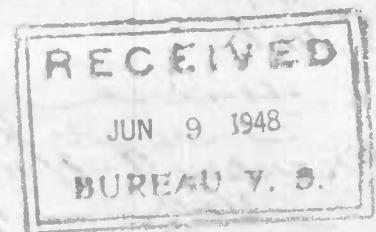
Means of injury Injured at work

23. SIGNATURE

W.C. Harrison MD

M. D. or other

Address Hurlock MD Date signed 6/4/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6145

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, Institution, or street address where death occurred: 210 Bay Street

How long in hospital or institution?

## 3. (a) FULL NAME

Dorothy M. Strohader

## 4. Sex

Female White Widowed

## 6. (b) Name of husband or wife

William Strohader

## 7. Birth date of deceased (mo., day, yr.)

Mar 22 1875

## 8. AGE:

73 2 9 If less than one day  
hre. min.

## 9. Birthplace

East New York P. S. 22  
(Town, county, and state)

## 10. Usual occupation

Waitress

11. Industry or business

Elliott's Flea Market

12. Name

Elliott's Flea Market

13. Birthplace

Elliott's Flea Market

14. Maiden name

Jane Higgins

15. Birthplace

Elliott's Flea Market

16. Informant

Mrs. Dorsey Davis

Address Cambridge, Md.

17. Burial

Date thereof June 3, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Md.

18. Funeral director

Kenneth R. Thomas

Address Cambridge, Md.

19. June 6 - 1948

(Date rec'd by registrar)

John MacLeod

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother) Dorchester

State Maryland County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No. 210 Bay St (If rural, give LOCATION)

## 2. (a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 1 st 1948 at 1:50 a

March 26 1941 to June 1 st 1948

and that I last saw her alive on May 31 st 1948

## Immediate cause of death

Coronary occlusion

Duration 6 hrs.

Due to Arteriosclerotic cardiac

vascular renal disease

1 year

Due to

## Other conditions

none

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

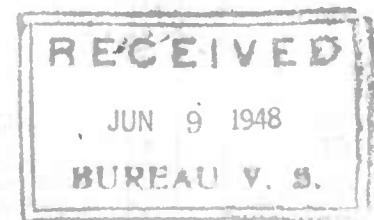
Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. Wofford

M. D. or other

Address 15 Locust St, Cambridge, Md. Date signed 6-3-48



PLEASE WRITE PLAINLY, WITH NONFADING INK. Supply every item of information carefully, <sup>use correct age</sup> especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6146

830

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month, 22 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 1 month, 22 days

## 3. (a) FULL NAME

Victor Goldsborough Holloway

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day. yr.) December 10, 1878

8. AGE: Years Months Days If less than one day  
69 6 19 hrs. min.

9. Birthplace Salisbury, Md. (Town, county, and state)

10. Usual occupation farmer

## 11. Industry or business

12. Name of father Joshua J. Holloway

13. Birthplace Salisbury, Md.

14. Maiden name Betty Anne Holloway

15. Birthplace Salisbury, Md.

16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1, 1948

(month) (day) (year)

Cemetery or crematory Parsons Cemetery  
Location Salisbury, Md.

18. Funeral director (Name and address of funeral director)

Address Salisbury, Md.

19. (Date rec'd by registrar) 6-29-48 John H. Branscome, M.D. or other

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1948, at 2:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1948, to June 29, 1948, and that I last saw him alive on June 29, 1948.

Immediate cause of death Hemorrhage

Cerebral Hemorrhage

DURATION

1 d

Due to Cerebral Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

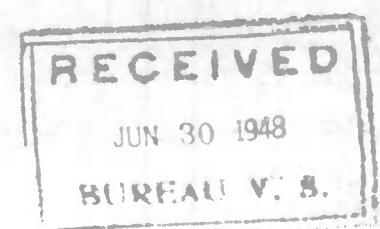
Nature of injury

Injured at work?

23. SIGNATURE Grace M. Branscome, M.D. M.D. or other

Address Cambridge, Md.

Date signed 6/29/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6147

462

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County Dorchester  
 City or town East New Market  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Minnie C. Hubbard

4. Sex

5. Color or race

Female white

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 14th 1870

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

Md

10. Usual occupation

none

11. Industry or business

Thomas Holland

12. Name

MOTHER FATHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester  
 City or town East New Market  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948 at 6:00 P.M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 13 JUNE 1948 to 14 JUNE 1948and that I last saw her alive on 14 JUNE 1948

Immediate cause of death

CARCINOMA  
(INTESTINAL)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

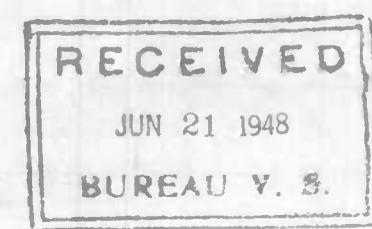
Means of injury

Injured at work?  
Halter Frank Joss  
 105 CHARLES ST. M. D. or C. S.

23. SIGNATURE

105 CHARLES ST. M. D. or C. S.  
 SAM B. D. S. J. J. Date signed JUNE 15 1948

Address 105 CHARLES ST. Date signed JUNE 15 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6148

## CERTIFICATE OF DEATH

116

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Dorchester  
County.City or town. Cambridge  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
4 Colemans Alley

How long in hospital or institution?

## 3. (a) FULL NAME

Willie Mae Kane4. Sex F. 5. Color or race C. 6.(a) Single, married, widowed, or divorced  
MarriedB.(b) Name of husband or wife Shepherd Kane7. Birth date of deceased (mo., day, yr.) May 10, 1901 8. (c) If alive, give age 50 years8. AGE: 47 Years 1 Month 17 Days If less than one day  
hrs. min.9. Birthplace Blakely Georgia  
(Town, county, and state)10. Usual occupation Laberer11. Industry or business none12. Father Will Bonner13. Mother Leary Georgia14. Maiden name Frances Bonner15. Birthplace Blakely Georgia16. Informant Shepherd KaneAddress 4 Colemans Alley17. Burial Burial Date thereof July 9 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Jacksonville FloridaLocation Jacksonville Florida18. Funeral director Lewis H. BayneumAddress Cambridge, Md.19. Date rec'd by registrar July 1, 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 4 Colemans Alley  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 19 48 at 6:30AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 19 48 to June 26 19 48and that I last saw her alive on June 26 19 48Immediate cause of death Congestive Heart FailureDURATION 10 daysDue to Aortic InsufficiencyDue to Rheumatic cardiovascularOther condition 

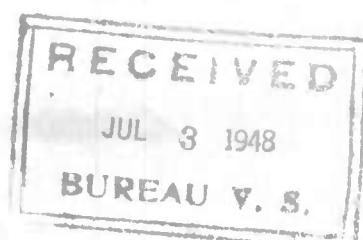
(Include pregnancy within 3 months of death)

Major findings of operations  Date of op. Autopsy results 

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of Where did injury occur?  (City or town)  (County)  (State)Injured at home, farm, industry, public place (where?) Means of injury  Injured at work? 23. SIGNATURE Katherine Farnell M. D. or other Address 300 Muir Date signed 6-30-48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, like correct page is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6149

## CERTIFICATE OF DEATH

131a  
Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

One Year

How long in above place of death?

Hospital, Institution, or street address where death occurred:

RFD # 1

How long in hospital or institution?

## 3. (a) FULL NAME

Willie McCollister Manning

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife G. Herman Manning

(Died Jan. 27, 1946)

6.(c) If alive, give age years

7. Birth date of deceased (mo. day. yr.) Dec. 19, 1889

8. AGE: Years 58 Months 6 Days 4 It less than one day hrs. min.

9. Birthplace Seward, Dor. Co. Maryland

(Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Dressmaking

12. Name Samuel A. McCollister

13. Birthplace Maryland

14. Maiden name Eliza Turner

15. Birthplace Maryland

16. Informant Mrs. James Hurley

Address Cambridge, Maryland

17. Burial Date thereof June 26, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge, Maryland.

18. Funeral director DeCompte's Funeral Service

Address Cambridge, Maryland.

19. June 26, 1948 John M. Jr. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 27, 1948 to June 23, 1948  
and that I last saw her alive on June 22, 1948

Immediate cause of death

Accidage due to stimulat  
Fire and starvatioDue to No resistance PVRD  
I presume

CURATION

14d.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

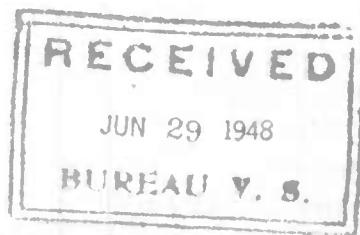
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John M. Jr. M.D. on other  
Address Cambridge Date signed June 26, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6150

## CERTIFICATE OF DEATH

1310  
Reg. Dist. No. 115

## 1. PLACE OF DEATH:

County Dorchester

City or town Rural-Hoopersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 34 Years

Hospital, institution, or street address where death occurred: Home-Hoopersville

How long in hospital or institution? -----

## 3. (a) FULL NAME

Mary Oliver Matthews

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6. (b) Name of husband or wife Samuel H. Matthews

7. Birth date of deceased (mo., day, yr.) May 20, 1884

6. (c) If alive, give age 72 years

8. AGE: Years	Months	Days	If less than one day
64	1	11	hrs. min.

9. Birthplace Fishing Creek, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name Oliver Tolley

13. Birthplace Maryland

14. Maiden name Margaret Insley

15. Birthplace Maryland

16. Informant Mrs. Edna Rippons

Address Hoopersville, Maryland.

17. Burial Date thereof July 4, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. (Date rec'd by registrar) 19 X 8 (Name of Registrar) James W. Meade

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Hoopersville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Hoopersville

(If rural, give LOCATION)

2.(a) If veteran, name war -----

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1948, at 10:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 28, 1948, to June 30, 1948, and that I last saw her alive on June 30, 1948.

Immediate cause of death

Cardio Renal Disease

DURATION

10 yrs

Due to

disease

Due to

Hemiplegia

6 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

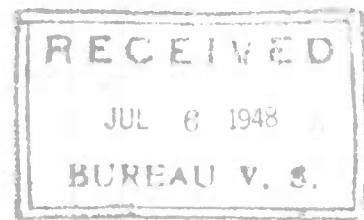
Injured at work?

23. SIGNATURE

James W. Meade, M.D.

M. D. or other

Address Fishing Creek, Md. Date signed July 1/48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6151

## CERTIFICATE OF DEATH

732  
Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Rural-Toddville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? - - - -

Hospital, Institution, or street address where death occurred:

Home-Toddville

How long in hospital or institution? - - - -

## 3. (a) FULL NAME

Clara Pritchett McNamara

## 3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

8. (b) Name of husband or wife John W. McNamara  
(Died 2/27/1927) 6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) Jan. 12, 1881

8. AGE: Years Months Days If less than one day  
67 4 24 : hrs. min.

9. Birthplace Bishops Head, Dor. Co., Md.  
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

12. Name George Pritchett

13. Birthplace Maryland

14. Maiden name Jane "Pritchett"

15. Birthplace Maryland

16. Informant Mr. John E. McNamara

Address Toddville, Maryland

17. Burial Date thereof June 8, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market Cemetery

Location East New Market, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. June 8, 1948 John MacPhee  
(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Toddville  
(If outside city or town limits, write RURAL and give nearest town)Street No. Toddville  
(If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1948, at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29, 1948, to June 6, 1948, and that I last saw her alive on May 29, 1948.

Immediate cause of death

Myocardial Failure

DURATION  
7 days

Due to

Malnutrition

Unknown

Due to

Secondary Anemia

Unknown

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

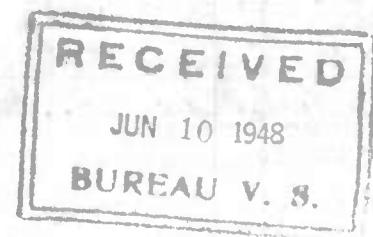
Means of injury Injured at work?

23. SIGNATURE Lawrence Maryanov, M.D.

M. D. or other

Address 136 Race Street, Cambridge, Maryland

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. For correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6152

131a

## CERTIFICATE OF DEATH

Reg. Dlat. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Two Weeks

Hospital, institution, or street address where death occurred:

306 Academy Street

How long in hospital or institution? - - -

## 3. (a) FULL NAME

Hilby Wilson Mills

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

Male

White

Married

## 6. (b) Name of husband or wife

Madeline Stevens

6. (c) If alive, give age 58 years

## 7. Birth date of deceased (mo., day, yr.)

Oct. 7, 1891

## 8. AGE:

Years 56

Months 8

Days 5

If less than one day

hrs. min.

## 9. Birthplace

Bishops Head, Dor. Co., Md.

(Town, county, and state)

## 10. Usual occupation

Carpenter

11

## 11. Industry or business

Millard A. Mills

## MOTHER FATHER

13. Birthplace Dorchester Co., Md.

14. Maiden name Missouri Cannon

15. Birthplace Dorchester Co., Md.

16. Informant Mrs. Granville Cook

Address Cambridge, Maryland

## 17. Burial

Date thereof June 15, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 6-16-1948

(Date rec'd by registrar)

John Doe, M.D.  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Baltimore

City or town Baltimore

Coronet

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1725 N. Charles Street

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

213-16-6458

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1948, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7, 1947, to June 13, 1948,

and that I last saw him alive on June 13, 1948.

## Immediate cause of death

Myocardial Failure

DURATION

2 wks

Due to Arteriosclerotic Heart Disease

Unknown

## Due to

Other conditions Cardio-vascular Renal

Unknown

Decompensation

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

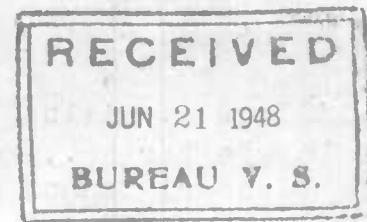
## Means of injury

Injured at work?

23. SIGNATURE Lawrence Marvanyo, M.D.

M. D. or other

Address 136 Race Street, Cambridge, Maryland Date signed 6-15-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6153

## CERTIFICATE OF DEATH

131a  
Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester  
 County.....  
 City or town..... Cambridge, R.F.D.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 yrs.  
 Hospital, institution, or street address where death occurred: Fork Neck  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State..... Maryland County..... Dorchester  
 City or town..... Cambridge, R.F.D.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... Fork Neck  
 (If rural, give LOCATION)

3. (a) FULL NAME Lavinia Molock

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	colored	married

6. (b) Name of husband or wife..... Levin R. Molock

7. Birth date of deceased (mo., day, yr.) 1872 - moth & day not  
 6. (c) If alive, give age..... 75 years

8. AGE: Years Months Days If less than one day  
 76 x x hrs. min.

9. Birthplace..... Dorchester County  
 (Town, county, and state)

10. Usual occupation..... House work

11. Industry or business..... Home

MOTHER FATHER  
 12. Name..... Levin Woolford  
 13. Birthplace..... Md.

14. Maiden name..... Charlotte Molock  
 15. Birthplace..... Md.

16. Informant..... Levin R. Molock  
 Address..... Cambridge, Md.

17. Burial Date thereof..... July 4, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Fork Neck Cemetery  
 Location..... R. F. D. Cambridge, Md.

18. Funeral director..... Lewis W. Bayneum  
 Address..... Cambridge, Md.

19. July 1, 1948 John Mace, Jr. M.D.  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 28 1948 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
 X X 19. to X X 19.  
 and that I last saw h. alive on X X 19.

known Immediate cause of death  
 Cardio-Renal-Vascular Syndrome

DURATION  
 1 yr.

Due to.....

Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE  
 M. D. or other

Address..... Cambridge, Md. Date signed..... June 28, 1948



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6154

## CERTIFICATE OF DEATH

50  
116

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:  
County..... Dorchester  
City or town..... Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 35 Years  
Hospital, institution, or street address where death occurred:..... 401 Robbins Street  
How long in hospital or institution?..... - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State..... Maryland County..... Dorchester  
City or town..... Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No..... 401 Robbins Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

3. (a) FULL NAME  
Leota Davenport Moore

3. (b) Social Security Number  
- - -

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Married
------------------	---------------------------	--

6.(b) Name of husband or wife..... Orville Moore

7. Birth date of  
deceased (mo., day, yr.)..... Aug. 17, 1903

8. AGE: Years..... 44 Months..... 10 Days..... - If less than one day  
hrs..... min.

9. Birthplace..... Salem, Dor. Co., Maryland  
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Home

12. Name..... William C. Davenport

13. Birthplace..... Maryland

14. Maiden name..... Carrie "Davenport"

15. Birthplace..... Maryland

16. Informant..... Mr. Orville Moore

Address..... Cambridge, Maryland

17. Burial..... Date thereof..... June 20, 1948  
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Dorchester Memorial Park

Location..... Cambridge, Maryland

18. Funeral director..... LeCompte's Funeral Service

Address..... Cambridge, Maryland.

19. Date rec'd by registrar..... June 20, 1948  
Signature..... John Moore  
Registrar.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 17, 1948 at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
July 23, 1948, to June 17, 1948, and that I last saw him alive on June 16, 1948.

Immediate cause of death..... Metastatic adenocarcinoma

DURATION

Due to..... Cancer Right Mammary  
Sore

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations..... Adenocarcinoma  
Breast

Date of op..... July 23, 1948

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide..... Date of.....

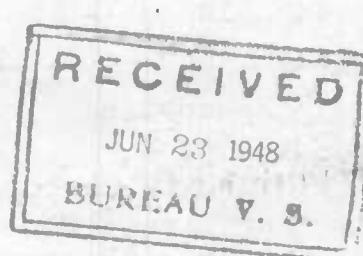
Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... John Moore  
M. D. or other

Date signed..... June 21, 1948  
Address.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct size is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6155

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? One Month

Hospital, institution, or street address where death occurred:

"Chatteau" RFD # 2

How long in hospital or institution? - - - - -

## 3. (a) FULL NAME

Augustine A. Newcomb

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Mary A. Fitzhugh

## 7. Birth date of

deceased (mo. day, yr.) Oct. 6, 1889

## 6. (c) If alive, give age - - - - - years

## 8. AGE:

Years 58

Months 8

Days 23

If less than one day

hrs.

min.

## 9. Birthplace

Golden Hill, Dor. Co., Md.

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

Dirt

## MOTHER FATHER

## 12. Name

George Newcomb

## 13. Birthplace

Maryland

## 14. Maiden name

Mary - - - - -

## 15. Birthplace

Maryland

## 16. Informant

Mrs. William Cusick

## Address

Cambridge, Maryland.

## 17. Burial

Date thereof July 2, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

## 18. Funeral director

LeCompte's Funeral Service

Address Cambridge, Maryland.

## 19. (Date rec'd by registrar)

July 1, 1948

John Mace Jr. M.D.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Dorchester

City or town

Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

"Chatteau" RFD # 2

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1948, at 10:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

19...

and that I last saw him alive on

19...

Immediate cause of death

Chronic Myocarditis 5 yrs

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Moene of injury

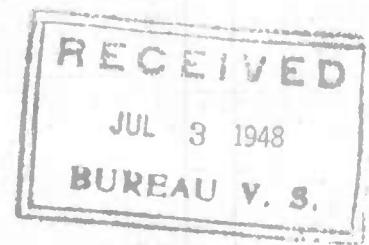
Injured at work?

23. SIGNATURE

M. D. or other

Address

Joe F. Shriver, D.P.M. Exam  
Cambridge, Md. Date signed June 3/94



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6156

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

## 1. PLACE OF DEATH:

County..... Dorchester  
 City or town..... Rural Cambridge Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 14 days  
 Hospital, institution, or street address where death occurred: Eastern Shore State Hospital  
 How long in hospital or institution?..... 14 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Wicomico  
 City or town..... Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No..... 108 Upton Street  
 (If rural, give LOCATION)

## 3. (a) FULL NAME

Elmer Jackson Phillips

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married

8. (b) Name of husband or wife..... Radie Bradley Phillips 66

7. Birth date of deceased (mo., day, yr.)..... 4-17-1886 6. (c) If alive, give age..... years

8. AGE: Years..... 62 Months..... 2 Days..... 5 If less than one day..... hrs..... min.....

Columbia, Delaware

9. Birthplace..... (Town, county, and state)

Lumber Mill Worker

## 10. Usual occupation.....

## 11. Industry or business.....

Isaac Phillips

Delaware

Fannie Hearn

Delaware

## 15. Birthplace.....

Eastern Shore State Hosp. Records

Rural Cambridge, Maryland

## Address.....

17. Burial (Burial, cremation, or removal) Which?..... Burial Date thereof..... June 25 1948  
 (month) (day) (year)

Cemetery or crematory..... Red Men Cemetery

Location..... Sharptown Md.

18. Funeral director..... W. Edward Leifer. Director

Address..... Salisbury Md.

19. June 23-1948 (Date rec'd by registrar)

John Macfay M.D. Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 22nd 1948 19..... at..... 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 9, 1948 19..... to June 22nd 1948 19..... and that I last saw h..... alive on June 22nd 1948 19.....

Immediate cause of death..... Cerebral Hemorrhage DURATION 3 yrs

Due to..... Arteriosclerosis 10 yrs

Due to..... Hypertension 15 yrs

Other conditions..... neurosyphilis with psychosis. 8 yrs

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

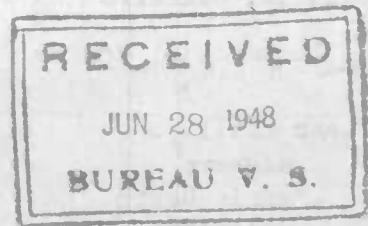
Injured at home, farm, industry, public place (where?).....

Injured at work?.....

23. SIGNATURE..... Robert Bertrand May, M.D. other

Address..... Eastern Shore State Hosp. Date signed 6/22/48

1948-6-22  
1886-  
62-2-5  
61-11-17



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. <sup>1. M</sup> correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6157  
932

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 10 days

## 3. (a) FULL NAME

Robert Richardson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widower

6. (b) Name of husband or wife

Bessie Willey

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

6/7/1865

8. AGE: Years

Months

Days

If less than one day

83

0

15

hrs.

min.

9. Birthplace Dorchester County Maryland

(Town, county, and state)

Farmer

10. Usual occupation

11. Industry or business

12. Name John Richardson13. Birthplace Philadelphia, Pa.14. Maiden name Georgianna Fisher

15. Birthplace

16. Informant Eastern Shore State Hosp. RecordsAddress Rural Cambridge, Maryland

17. Burial

Date thereof 6/24/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Dorchester Memorial ParkLocation Cambridge Maryland

18. Funeral director

Address Cambridge Memorial ServiceAddress Cambridge and -19. 6/24/48 19 48 John Tracy M.D.

(Date read by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Vienna

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

June 22nd 1948

19. at 5:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 13th 1948 19. to June 22nd 1948 19.48

and that I last saw him alive on June 22nd 1948 19.

Immediate cause of death

Myocardial degeneration

DURATION

10

Due to Atherosclerosis

20

Due to Senility

20

Other conditions Cerebral atherosclerosis with psychosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

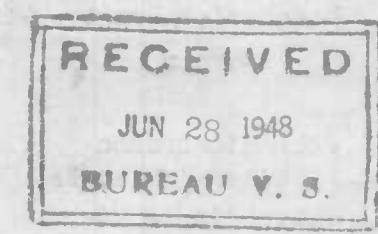
Injured at work?

23. SIGNATURE Robert Bertrand May, M.D.

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6158

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:  
County Dorchester  
City or town Rural Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 Month 5 Days  
Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
How long in hospital or institution? 1 Month 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Worcester  
City or town Princess Anne  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Antioch Avenue  
(If rural, give LOCATION)  
2.(a) If veteran, name war ✓

## 3. (a) FULL NAME

## 3. (b) Social Security Number

Arch Riggan

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Male	White	Married		
6.(b) Name of husband or wife <u>Ina Long</u>				
6.(c) If alive, give age <u>60</u> years				
7. Birth date of deceased (mo., day, yr.) <u>3-10-1881</u>				
8. AGE:	Years	Months	Days	If less than one day
	67	3	17	hrs. min.
9. Birthplace <u>Worcester County, Maryland</u> (Town, county, and state)				
10. Usual occupation <u>Laborer</u>				
11. Industry or business <u>Worcester County, Maryland</u>				
MOTHER FATHER	12. Name	<u>Joseph Riggan, Maryland</u>		
	13. Birthplace	<u>Worcester County, Maryland</u>		
MOTHER	14. Maiden name	<u>Vina Pusey</u>		
	15. Birthplace	<u>Worcester County, Maryland</u>		
16. Informant <u>Eastern Shore State Hosp. Records</u>				
Address <u>Rural Cambridge, Maryland</u>				
17. (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>6/25/48</u> Cemetery or crematory <u>Perrybank Cemetery</u> Location <u>Princess Anne, Md.</u>				
18. Funeral director <u>Dale Marshall</u> Address <u>Princess Anne</u>				
19. (Date rec'd by registrar) <u>June 23, 1948</u> John M. May, M.D. Registrar				

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd 1948 19... at 7:30 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18th 1948 19... to June 22 1948 and that I last saw him alive on June 22nd 1948 19...

Immediate cause of death Arteriosclerosis Duration 18 yrs  
Due to Hypertension 10  
Due to Senility  
Other conditions Arteriosclerosis with psychosis  
(Include pregnancy within 8 months of death)

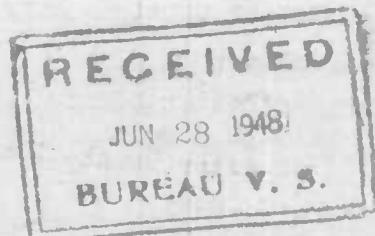
Major findings or operations... Date of op. ....

Autopsy results.  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide... Date of...  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Robert Bertrand May, M.D. M. D. or other  
Address Date signed

1981-3-10  
1981-3-17  
1981-6-27



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. *7/14 correct age*

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6159

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

Dorchester

County

Rural-Cambridge

City or town

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Home-RFD # 3

How long in hospital or institution?

## 3. (a) FULL NAME

L. Haddaway Seward

## 4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

8. (b) Name of husband or wife Mary J. Bell (10/28/1942)

Margarite Stewart

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.)

May 17, 1874

## 8. AGE:

Years  
74Months  
-Days  
15If less than one day  
hrs. .... min.

## 9. Birthplace

RFD # 3, Cambridge, Maryland

(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

Dirt

## MOTHER FATHER

12. Name Levin J. Seward

## MOTHER FATHER

13. Birthplace Maryland

## MOTHER FATHER

14. Maiden name Sarah C. James

## MOTHER FATHER

15. Birthplace Maryland

## 16. Informant

Mrs. Margaret Seward

## Address

RFD # 3, Cambridge, Maryland.

## Burial

Date thereof June 5, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Greenlawn Cemetery

## Location

Cambridge, Maryland

## 18. Funeral director

LeCompte's Funeral Service

## Address

Cambridge, Maryland.

## 19. (Date rec'd by registrar)

June 8-19 48

John Mauds M.D.

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1948 at 9:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-16 to 19 48 June 2 1948and that I last saw h. m. alive on June 2 1948

Immediate cause of death

Myocardial failure  
Toxic Myocarditis

DURATION

2 daysGangrene (arteriosclerotic)  
both lower extremities

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

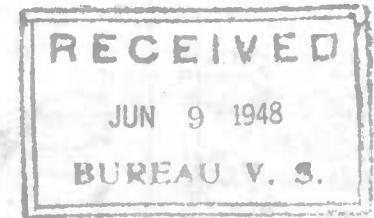
## 23. SIGNATURE

John Mauds M.D.

M. D. or other

Address

Date signed 6/5/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

6160

## CERTIFICATE OF DEATH

116

Reg. Dist. No. ....

1. PLACE OF DEATH:  
County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 50 Years  
Hospital, institution, or street address where death occurred:  
405 Academy St.  
How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 405 Academy St.  
(If rural, give LOCATION)  
2.(a) If veteran, name war. - - - - -

3. (a) FULL NAME  
Ann Emily Sherman

3. (b) Social Security Number  
- - - - -

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
6.(b) Name of husband or wife Benjamin F. Sherman  
(Died 5/10/1908) 6.(c) If alive, give age years  
7. Birth date of deceased (mo. day, yr.) Jan. 4, 1852

8. AGE: Years 96 Months 4 Days 27 If less than one day hrs. min.

9. Birthplace Friendship, Caroline Co., Md.  
(Town, county, and state)

10. Usual occupation. - - - - -

11. Industry or business - - - - -

12. Name Not Known  
13. Birthplace " "

14. Maiden name Not Known  
15. Birthplace " "

16. Informant Mrs. Nellie E. Moore,

Address Norristown, Penna.

17. Burial Burial Date thereof June 3, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 6 - 3 - 1948  
(Date rec'd by registrar)

John Mac [Signature] Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1948, at 3:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
12-29-17 to 5-31-48  
and that I last saw her alive on 5-31-48

Immediate cause of death Myocardial Failure  
DURATION 1 day

Due to Arteriosclerotic Heart Disease  
Unknown

Due to  
Other conditions Arteriosclerotic Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations None  
Date of op.

Autopsy results None Made

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

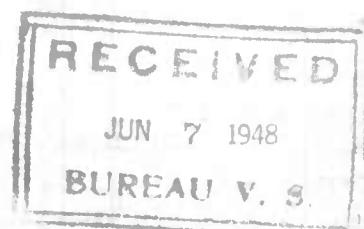
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maryanov, M.D.  
M. D. or other

Address 136 Race Street  
Cambridge, Md. Date signed 6-2-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6161

Reg. Dist. No. 116

## CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH: **Dorchester**  
 County **Cambridge**  
 City or town **Cambridge**  
 (If outside city or town limits, write RURAL and give nearest town) **all of life**  
 How long in above place of death? **all of life**  
 Hospital, institution, or street address where death occurred: **111 Oakley St.**  
 How long in hospital or institution? **XX**

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State **Maryland** County **Dorchester**  
 City or town **Cambridge**  
 (If outside city or town limits, write RURAL and give nearest town) **111 Oakley St.**  
 Street No. **111 Oakley St.**  
 (If rural, give LOCATION)

3. (a) FULL NAME **Mattie Mitchel Skinner**

3. (b) Social Security Number

4. Sex **female** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **widowed**

6.(b) Name of husband or wife **E.M. Skinner (deceased)**

7. Birth date of deceased (mo., day, yr.) **May 25, 1875** 6.(c) If alive, give age **years**

8. AGE: Years **73** Months **0** Days **13** It less than one day **X** hrs. **.....** min. **.....**

9. Birthplace **Cambridge, Md.**  
 (Town, county, and state)

10. Usual occupation **Housewife**

11. Industry or business **Housekeeping**

12. Name **William M. Mitchell**

13. Birthplace **Maryland**

14. Maiden name **Mary Emily Spedden**

15. Birthplace **Maryland**

16. Informant **E.M. Skinner, Jr.**

Address **111 Oakley St. Cambridge, Md.**

17. Burial Date thereof **June 10, 1948**  
 (Burial, cremation, or removal. Which?) **(month) (day) (year)**

Cemetery or crematory **Christ Church Cemetery**

Location **Cambridge, Maryland**

18. Funeral director **LeCompte's Funeral Service**

Address **Cambridge, Maryland.**

19. **June 10 1948** John MacFie, Jr. **John MacFie, Jr.**  
 (Date rec'd by registrar) **Registrar**

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 8 1948** at **3 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **XX** to **XX**, and that I last saw h. **XX** alive on **XX**.

Immediate cause of death **Disease of Coronary Arteries**

Due to **X**

Due to **X**

Other conditions **X**

(Include pregnancy within 3 months of death)

Major findings of operations **.....** Date of op. **.....**

Autopsy results **.....**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **.....** Date of **.....**

Where did injury occur **.....** (City or town) **.....** (County) **.....** (State) **.....**

Injured at home, farm, industry, public place (where?) **.....**

Means of Injury **.....** Injured at work? **.....**

23. SIGNATURE **John K. Shriver, D.D.M. Exm.**

M. D. or other **.....**

Address **Cambridge, Md.** Date signed **June 8/48**

RECEIVED

JUN 12 1948

BUREAU F. B. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is correct age.  
is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6162

95c

FIM No. G 116 JUL 14 1948

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all his life

Hospital, Institution, or street address where death occurred: Cambridge and Son's

How long in hospital or institution? 4 days

### 3. (a) FULL NAME

Joseph Tood (Todd)

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Married

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 16, 1873 + 748

8. AGE: 54 Years 0 Months 0 Days If less than one day hrs. 0 min. 0

9. Birthplace Dorchester  
(Town, county, and state)

10. Usual occupation farmer

11. Industry none

12. Name Spencer Tood

13. Birthplace Ind

14. Maiden name Lillian Dillam

15. Birthplace Ind

16. Informant William Tood

Address Church Creek

17. Burial place Linear Road Date thereof June 19 1948  
(Burial, cremation, or removal. Which?) Staberd (month) (day) (year)

Cemetery or crematory Church Creek

Location Church Creek

18. Funeral director Lewis H. Busness

Address Cambridge and Son's

19. Date rec'd by registrar 6-17-48 Date rec'd by registrar June 19 1948

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Church Creek  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

### 3. (b) Social Security Number

### MEDICAL CERTIFICATION

20. DATE OF DEATH 16 JUNE 48 at 2:29 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 13 JUNE 48 to 16 JUNE 48 and that I last saw h. IN alive on 15 JUNE 48

Immediate cause of death HEART FAILURE  
CARDIAC DECOMPENSATION

DURATION

Due to.

Due to.

Other conditions RENAL INSUFFICIENCY  
FORMER RT HEMIPLEGIA

(Include pregnancy within 8 months of death)

Major findings or operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Initiated at work?

23. SIGNATURE Beth E. Tood (M.D.)

Address 105 Church Creek Date signed 17 JUN 48

RECEIVED

JUN 21 1948

FEDERAL BUREAU OF INVESTIGATION

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6163

## CERTIFICATE OF DEATH

92d  
Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County.....

Dorchester  
East New Market, Md.

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

May 19, 1868

8. AGE:

Years

Months

Days

If less than one day

80 - 26 hrs. min.

9. Birthplace.....

Caroline Co. Md.

(Town, county, and state)

10. Usual occupation.....

Retired worker

11. Industry or business.....

12. Name.....

William Townsend

13. Birthplace.....

Dorchester

14. Maiden name.....

Elizabeth Johnson

15. Birthplace.....

Dorchester

16. Informant.....

William Townsend

Address.....

East New Market, Md.

17. (Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Baltimore

Location.....

East New Market, Md.

18. Funeral director.....

W. P. Townsend

Address.....

East New Market

19. (Date rec'd by registrar)

June 8, 1948

Elizabeth C. Smith

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....

City or town..... East New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

June 6

1948 at 3:30 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

June 5, 1948, to June 5, 1948, and that I last saw him alive on June 5, 1948.

Immediate cause of death.....

Heart disease, voluntary suicide, several years

DURATION

several years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

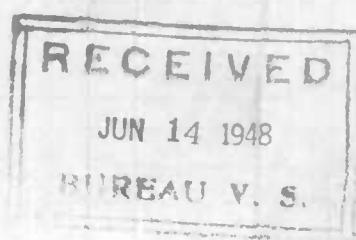
Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... East New Market

Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6164

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 years

Hospital, institution, or street address where death occurred

How long in hospital or institution?

## 3. (a) FULL NAME

Hendretha Tealies

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female Bachelor

6. (b) Name of husband or wife William Tealies

7. Birth date of

deceased (mo., day, yr.) May 9, 1881

6. (c) If alive, give age 49 years

8. AGE:

Years 64 Months 0 Days 77 If less than one day hrs. 0 min.

9. Birthplace

Easton Market (Town, County, and state)

10. Usual occupation

Laborer

11. Industry or business

Tobacco

MOTHER FATHER

12. Name Mrs. Sam Jones

13. Birthplace MD

14. Maiden name Alice Ann Jenkins

15. Birthplace MD

16. Informant Elizabeth Bodler

Address Cambridge, MD

17. Burial, cremation or removal, Which? Wright's Cemetery

Date thereof June 6, 1948 (month) (day) (year)

Cemetery or crematory

Location Cambridge

18. Funeral director

Gerald H. Baumgartner

Address

19. (Dated rec'd by registrar)

June 6, 1948

(Dated rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 98 Park Lane

(If rural, give LOCATION)

2. (a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1948, at 10:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 19, 1948, to June 1, 1948,

and that I last saw her alive on June 1, 1948.

Immediate cause of death

Coronary Thrombosis

DURATION

1 hr.

Due to Coronary heart disease

with hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

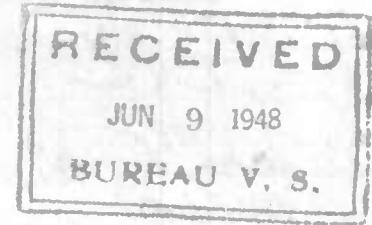
Means of injury Injured at work?

23. SIGNATURE John E. Baumer MD M. D. or other

Address Cambridge, MD Date signed 6-4-48

Jul-9-1891

6-9-69  
X-8-8461  
18-9



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6165  
170C

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH: Dorchester

County

Robbins

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

At Shorter's Wharf nr Robbins

How long in hospital or institution? XX

## 3. (a) FULL NAME

Hiram Daniel Wheatley

4. Sex

5. Color or race

male

white

6. (a) Single, married, widowed, or divorced  
married

6. (b) Name of husband or wife

Lorraine M. Wheatley

6. (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.)

July 10- 1909

8. AGE:

Years

Months

Days

If less than one day

38

11

8

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Truck Driver

11. Industry or business

Hauling

MOTHER FATHER

12. Name

Winfield Wheatley

Dorchester Co. Md.

13. Birthplace

Elsie Jones

Maryland

14. Maiden name

15. Birthplace

16. Informant

Address

17. Date thereof

June 21, 1948

(Burial, cremation, or removal. Which?)

SHARPTOWN CEMETERY

Cemetery or crematory

SHARPTOWN, MARYLAND

Location

LE COMPTON'S FUNERAL SER.

18. Funeral director

CAMBRIDGE, MD.

Address

19. Date rec'd by registrar

June 21, 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock

(If outside city or town limits, write RURAL and give nearest town)

Street No. Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH June 18 1948 at 11-40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

XX 19 10 X X 19

and that I last saw him alive on X X 19

Immediate cause of death

Drowning (Accidental)

DURATION

Due to Caught in cab of truck which  
broke through the bridge nr Robbins

Due to over Blackwater River

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of June 18/48

Where did injury occur? Robbins Dor. Maryland

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public roadway

Means of injury drowning Injured at work? yes

23. SIGNATURE

M. D. or other

Address Cambridge, Md.

Date signed June 18/48

